David Geffen School of Medicine | UCLA Health

UCLA UROLOGY

UPDATE

Left: A UCLA Urology-led team performed the first-ever human bladder transplant on May 4. Right: Dr. Nima Nassiri, UCLA Urology assistant professor and the urologic transplant surgeon who headed the team, with patient Oscar Larrainzar. *All cover story photos by Nick Carranza*.

UCLA Urology-Led Team Performs First Human Bladder Transplant

The health issues that brought Oscar Larrainzar to Ronald Reagan UCLA Medical Center, where a UCLA Urology-led team performed a history-making procedure that transformed his quality of life, began more than a decade ago.

Larrainzar learned in 2012 that he had stage 3 kidney disease, and by 2018 his kidneys had failed, requiring him to go on dialysis in order to stay alive. Two years later, Larrainzar developed a rare form of cancer that necessitated the removal of most of his bladder, leaving the remainder too small and compromised to function. Less than a year after that, he developed low-grade tumors in both kidneys; their removal left Larrainzar without a functional genitourinary system. More recently, the peritoneal dialysis that had sustained him since 2018 was beginning to fail the 41-year-old father of four. "The window of opportunity was closing," says Nima Nassiri, MD, UCLA Urology assistant professor and urologic transplant surgeon. "He described himself as a ticking time bomb."

Earlier this year, Larrainzar received the first-ever human bladder transplant. A UCLA Health team led by Dr. Nassiri, who was joined by key collaborator Dr. Inderbir Gill, professor of urology at USC, performed the surgery on May 4, culminating years of collaboration during which they developed the

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First Human Bladder Transplant

continued from cover

Top: The first human bladder transplant was years in the making. Bottom: Dr. Nima Nassiri (center), UCLA Urology assistant professor and urologic transplant surgeon, and key collaborator Dr. Inderbir Gill (left), a professor of urology at USC, with transplant recipient Oscar Larrainzar.

technique and refined the procedure. The operation involved recovering the kidney and bladder from an organ donor with anoxic brain injury, preparing both organs for transplantation, and then transplanting both the kidney and bladder and connecting the two organs using the techniques Drs. Nassiri and Gill had developed.

The results were quickly evident.

"The kidney immediately made a large volume of urine, and the patient's kidney function improved immediately," Dr. Nassiri says. "There was no need for any dialysis after surgery, and the urine drained properly into the new bladder."

Worldwide, millions of people experience some degree of bladder disease and dysfunction. Current treatment for patients with severe bladder dysfunction, or bladders that require removal due to any of various conditions, involves replacement or augmentation of the bladder — surgeries that use part of the patient's intestine to alter the pathway of storage and emptying. While these surgeries are widely used and effective, they come with short- and long-term risks, including significant weight loss, recurrent infections, and digestive issues. In patients who are immunosuppressed, these complications are heightened.

"There is a subset of patients for whom using the intestine may not be a good option," Dr. Nassiri says. "The job of the bladder is to store and empty urine; the job of the bowel is to absorb nutrients and secrete mucous. So if there is urine sitting in bowel, it's going to absorb that, which can cause electrolyte abnormalities, weight loss, and metabolic derangements. The mucous production can cause infections. A bladder transplant, on the other hand, results in a more normal urinary reservoir and may circumvent some short- and long-term issues associated with using the intestine, especially in the immunosuppressed setting. For the appropriately selected patient, it is exciting to be able to offer a new potential option."

One of the reasons bladder transplants haven't been done previously is the complicated vascular structure of the pelvic area. "Recovering a bladder for a transplant patient is very different from the standard bladder removal surgery that we do for cancer or other reasons, in that you have to maintain the blood vessels so that the bladder can receive and drain blood appropriately," Dr. Nassiri explains.

Larrainzar was the first of five patients who will receive bladder transplants as part of the first-in-human clinical trial, which was preceded by several years of research and development in which Dr. Nassiri, formerly a USC urology resident, and Dr. Gill worked together to develop the surgical technique, perform numerous pre-clinical procedures, and secure the necessary regulatory approvals.

The clinical trial is for patients who require either bladder or combined kidney-bladder transplantation. Because of the need for long-term immunosuppressive medications, Dr. Nassiri notes, optimal candidates are those who are already on immunosuppression, or individuals who will need the drugs regardless of their participation in the trial.

UCLA, which operates the busiest and most successful solid-organ transplant program in the western United States, has long been a leader in urologic transplantation. The infrastructure, clinical expertise, and multidisciplinary support to manage the patient from pre-transplant evaluation through post-transplant care made UCLA Urology the ideal setting for the first-of-its-kind procedure. "This couldn't have happened without the entire team we had, or without the support of the leadership within our program, department, hospital, and university," Dr. Nassiri says. "There is a culture of transplant excellence at UCLA dating back to the earliest transplant surgeons. So many practices that are now standard around the world were developed here."

As with any new procedure, a number of important questions will need to be addressed, including how well the transplanted bladder will function over time. "So far, Mr. Larrainzar is able to not just store a normal amount of urine but also empty his bladder," Dr. Nassiri says. "We will continue to follow him with urodynamic evaluations, but if that bladder function continues, that could make this a significant adjunct to the current standard of care."

The clinical trial will also address how much

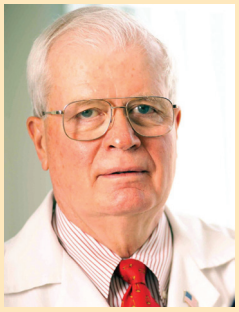
immunosuppression will ultimately be required for bladder transplant recipients. As the first patient, Larrainzar is getting the standard amount received by kidney transplant recipients; ultimately, the hope is that the immunosuppressive burden can be reduced given the downsides of the drugs, which are designed to reduce the risk of organ rejection but come with side effects and increased susceptibility to infection.

Although kidney transplantation has been performed at UCLA and other leading medical centers for decades, it continues to be viewed as one of the miracles of modern medicine, restoring health and vitality to the lives of severely ill patients. As Oscar Larrainzar adjusts to life with a new kidney and bladder, his wife Sandy marvels at the change. "It's just incredible and such a blessing to see him recover," she says. "He has more energy, and he's no longer in pain."

Larrainzar says he's grateful that he will be able to engage more actively with his wife and four children. He's also appreciative of what most people take for granted. "I had forgotten the feeling of being able to urinate," he says. "I didn't expect to get that back."

IN MEMORIAM

Dr. Donald G. Skinner, 1938-2025



Dr. Donald G. Skinner, a towering figure in academic urology, died on July 3 at the age of 86. After completing his residency at the Massachusetts General Hospital under Dr. Wyland F. Leadbetter, Dr. Skinner joined the UCLA Urology faculty in 1971 under Drs. Willard Goodwin and Joseph J. Kaufman, focusing on reconstructive surgery and the then-new field of urologic oncology. Early in his career he became a leader in the use of preoperative or adjuvant chemotherapy and aggressive surgery in the treatment of men with testicular cancer, contributing to a paradigm shift that dramatically increased the cure rate for the disease. He is said to have pushed the chemotherapy himself on the wards.

In 1980, Dr. Skinner was recruited to lead the fledgling urology division at USC, where he built from scratch a comprehensive Department of Urology prior to his retirement in 2009. He earned many accolades during his storied career, notably the inaugural AUA Gold Cystoscope (1977), the AUA Ramon Guiteras Award (2007), the American Association for Genitourinary Surgeons Barringer Medal (1991), and its Keyes Medal (2010) — the most prestigious award in all of urology. "Dr. Skinner was the quintessential surgeon's surgeon, brilliant in the operating room and deeply committed to his patients and his trainees," says Dr. Mark S. Litwin, UCLA Urology professor and department chair from 2011 to 2025.

ALUMNI PROFILE

Mitchell Sokoloff, MD, MBA

Throughout his career as a prominent figure in the field of urology, Dr. Mitchell Sokoloff has sought to draw on the best traits of the mentors he learned from as a UCLA Urology trainee. "I had phenomenal role models," says Dr. Sokoloff, who was a resident in the department from 1991 to 1997. "And you try to take the best traits from everyone and incorporate those as a clinician, researcher, teacher, and leader."

Since 2014, Dr. Sokoloff has served as professor and inaugural chair of the Department of Urology at the University of Massachusetts. He was recruited to build a program from the ground up after holding leadership positions at the University of Chicago, Oregon Health and Science University, and the University of Arizona.

At UMass, Dr. Sokoloff keeps a busy clinical practice as a urologic oncologist focusing mostly on prostate cancer. He also runs an active research program, teaches residents, and contributes to the governance of the medical school and hospital, including as chair of the finance subcommittee for the medical group. But Dr. Sokoloff is especially proud of the achievements of his department in the decade-plus since he was brought in to establish it. "We started from nothing, and now we have 10 full-time faculty who are specialists in various areas, along with seven residents," he says. "We offer superlative care as a destination hospital in the central and western part of the state, and have been regional leaders in bringing in the newest technologies."

Among the biggest impacts Dr. Sokoloff's department has made is through outreach and education. When UMass Urology was established, the central Massachusetts area served by the hospital had the highest prostate cancer incidence and mortality rates — a reflection of the large population of African-American men, an especially high-risk group. "We took that as a challenge, and did intensive outreach — going out to churches and cultural events to increase access to screening, biopsies, and treatment — and the latest data show that's made a significant difference," he says.

Dr. Sokoloff says the research opportunities he had during his residency training paved the way for his fellowship in molecular urology and therapeutics at the University of Virginia, while the clinical preparation ensured that he was ready to take on all oncology cases following his training. Nearly three decades later, he remains close with many of his co-residents. "I loved UCLA," Dr. Sokoloff says. "It was an incredible place that set me up for everything that's followed."

UCLA Urology Fourth-Year Residents Focus on Research

At the halfway point in their training, UCLA Urology residents step away from the clinics and operating rooms to spend a year conducting research. Following are the paths chosen by UCLA Urology's 2025-26 fourth-year research residents:

Dr. Rashed Kosber (Chico)

is working with **Dr. A. Lenore Ackerman,** UCLA Urology associate professor and director of research for the Division of Urogynecology and Reconstructive Pelvic Surgery, to create a machine learning (ML) diagnosis algorithm for lower urinary tract symptoms (LUTS). "Diagnosing LUTS is often challenging because patients frequently present with a combination of symptoms that don't fit neatly into one diagnosis, and only a small subset of these patients can access specialized care," Dr. Kosber explains. "The lack of clear diagnostic criteria can lead to treatment delays or failures. We aim to develop algorithms that can help clinicians assign a diagnosis to a patient and provide initial treatments based on the symptoms they are experiencing." By improving diagnostic accuracy and tailoring treatments based on symptom scores, Dr. Kosber notes, this research could lead to more effective, equitable care for patients with LUTS.

Dr. Jolie Shen

is spending her research year investigating strategies to promote immune tolerance in kidney transplantation under the mentorship of **Dr. Jeffrey Veale,** professor of urology and director of the UCLA Kidney Transplantation Exchange Program. Her project explores the use of donor stem cell infusion to reduce long-term immunosuppression and improve graft survival in recipients of deceased donor kidney transplants. "The field of transplant immunology is rapidly evolving, and our goal is to translate experimental tolerance protocols into clinically feasible strategies," Dr. Shen explains. "This approach could reshape how we manage chronic immunosuppression and its long-term toxicities." Dr. Shen is also working with **Dr. Nima Nassiri,** UCLA Urology assistant professor, on a project funded by the American Urological Association Research Scholar Program investigating testosterone replacement therapy in hypogonadal men undergoing renal transplantation. Hypogonadism is common in men with end-stage renal disease and is associated with muscle wasting, fatigue, poor recovery, and decreased quality of life.

Dr. Benjamin Tooke

is spending his research year focusing on leveraging clinical informatics tools to improve care delivery in urology, specifically through the integration of a bladder cancer surveillance and treatment pathway into the Epic electronic health record (EHR). "Working within the Epic Health Maintenance module, we aim to standardize and streamline bladder cancer follow-up for patients, ensuring adherence to evidence-based guidelines and minimizing variability in care," Dr. Tooke explains. "By embedding clinical decision support directly into the EHR, this initiative has the potential to improve surveillance rates, reduce recurrence risk, and enhance both provider and patient experience." Under the mentorship of **Dr. Jennifer Singer,** UCLA Urology professor and a leader in both pediatric urology and clinical informatics, Dr. Tooke is designing, implementing, and evaluating this pathway across the clinical environment. Dr. Tooke says there is a tangible gap between clinical guidelines and what is executed in everyday practice. "Informatics provides a powerful way to close that gap," he says.

Dr. Kevin Walsh

is spending his research year under the mentorship of **Dr. Wayne Brisbane,** a UCLA Urology assistant professor and expert in emerging prostate imaging technologies. Dr. Walsh's work focuses on using micro-ultrasound, a novel high-resolution imaging modality, to better predict adverse prostate cancer pathology and improve surgical planning. His project evaluates how micro-ultrasound imaging of prostate lesions, when combined with biopsy-based pathology, can accurately predict extraprostatic extension (EPE) — the spread of prostate cancer beyond the prostate gland into surrounding tissues — which could potentially help guide surgical planning. "I became interested in studying prostate cancer after a close relative was diagnosed with the disease," Dr. Walsh says. "Through this research, our goal is to improve outcomes and quality of life for every man facing this diagnosis."

Scott Eggener, MD, Named UCLA Urology Chair

Scott Eggener, MD, a nationally recognized urologic oncologist with deep expertise in the care of patients with prostate, testicular, and kidney cancer who most recently served at the University of Chicago as the Bruce and Beth White Family Professor of Surgery and Vice Chair of Urology, has been appointed the fifth chair in the 74-year history of UCLA Urology, effective September 15. Dr. Eggener succeeds Mark S. Litwin, MD, MPH, who led the department for 14 years.

A prolific physician-scientist, Dr. Eggener conducts research focusing on prostate and testicular cancer — particularly on reducing the overdiagnosis and overtreatment of prostate cancer — with an emphasis on clinical trials. His work has led to more than 350 publications in leading journals, and has been featured in national media outlets such as the *New York Times* and *Wall Street Journal*. He was founding director of the University of Chicago High-Risk and Advanced Prostate Cancer Clinic.

Dr. Eggener is the recipient of numerous honors, including the Society of Urologic Oncology Young Investigator Award and the American Urological Association Mid-Career Award. He is associate editor for the *Journal of Urology* and has held editorial roles at several other leading journals. In addition to his editorial work, he has served on multiple cancer guideline panels for the American Society of Clinical Oncology, American Urological Association, and National Comprehensive Cancer Network, and is a long-time board member of International Volunteers in Urology (IVUMed).

Letter from the **Chair**

Having long admired UCLA Urology, I am energized to join as the new chair. UCLA's urology department has always been a powerhouse known for its big thinkers, trailblazing scientists, master clinicians and surgeons, and prominent faculty and alumni — as well as a highly sought destination for professional development.

UCLA Urology has led from the front, with an inimitable history of formidable clinical and scientific achievements. It's been unparalleled as an incubator of innovation — surgical firsts, new cancer drugs, novel imaging techniques, and pioneering contributions to organ transplantation — all achieved with a unifying spirit of positively transforming lives locally, nationally, and internationally. As I became incrementally more familiar with the department, I grew exponentially more impressed with its ethos, shared sense of purpose, the talent and enthusiasm of its members, the breadth of its reach, and the variety of practice settings and people it serves.

Now is a time of profound change in the delivery of health care and the pursuit of scientific discovery. Artificial intelligence, the ability of patients to access care, and new economic realities will undoubtedly alter our daily routine. But regardless of externalities, UCLA Urology will remain steadfastly dedicated to our identity and core missions, partnering with many of you to ensure this storied and impactful legacy continues.

I am itching to get started. I promise to listen and learn. I will work tirelessly to bring a fresh perspective and clear vision. My role will be to contribute, facilitate, advocate, cheerlead, and act as a rainmaker. The department has a bright future you will continue to be proud of. As articulated in my initial application to the search committee: "It would be the honor of a lifetime to serve as chair, lead the team, transform and expand an already excellent department, and represent it on campus, in the community, and worldwide."

Looking forward to meeting many of you along the way.

❖ **Scott Eggener, MD**
Professor and Chair, UCLA Urology

Kudos

Juan José Andino, MD, MBA, UCLA Urology assistant clinical professor, accepted an invitation to join the editorial board of *Trends in Urology and Men's Health.*

Anthony Bettencourt, UCLA David Geffen School of Medicine (DGSOM) student, was first author on two studies published in the *International Journal of Impotence Research*: "Contemporary approaches and treatment perspectives for chronic scrotal content pain: Insights from a national practice patterns survey of reproductive urologists," with co-authors including UCLA Urology faculty member **Dr. Sriram Eleswarapu;** and "Ejaculatory function after robotic waterjet ablation for the treatment of benign prostatic hyperplasia: A systematic review," with co-authors including UCLA Urology faculty **Dr. Jesse Mills, Dr. Rajiv Jayadevan,** and **Dr. Eleswarapu**.

Joseph Borrell, DGSOM student, was first author of "Risk factors, diagnosis, and long-term erectile dysfunction outcomes in priapism: A retrospective analysis of 186 cases from a single institution," published in *International Journal of Impotence Research* with co-authors including UCLA Urology faculty **Drs. Juan Andino, Sriram Eleswarapu,** and **Jesse Mills** of The Men's Clinic at UCLA. Additionally, Borrell first-authored "Exploring the clinical landscape of priapism related to intracavernosal injection therapy: Patient characteristics, management patterns, and erectile dysfunction outcomes" in *Urology,* with co-authors including the same UCLA Urology faculty members.

DGSOM students **Joseph Borrell, Anthony Bettencourt,** and **Anael Rizzo**, along with **Thiago Furtado, MD**, research fellow at The Men's Clinic at UCLA, led multiple abstracts at the Sexual Medicine Society of North America conference and the American Urological Association's Western Section annual conference on the topics of erectile dysfunction (ED) trends and comorbidities, priapism outcomes, ejaculatory function post-BPH treatment, and psychological impacts of ED and Peyronie's disease.

Arnold Chin, MD, PhD, UCLA Urology professor, and colleagues had a manuscript, "Serotonin transporter inhibits antitumor immunity through regulating the intratumoral serotonin axis," published in the journal *Cell*.

Isla Garraway, MD, PhD, UCLA Urology professor, and her team received four new grants totaling over $4.3 million. Three were from the Veterans Administration: Multi-Level Factors Impacting Clinical Outcomes in Veterans with Low-/Intermediate-Risk Prostate Cancer; Modeling-Informed Prostate Cancer Screening for High-Risk Populations Managed in the Veterans Affairs Healthcare System; and Creating Precision in Metastatic Hormone Sensitive Prostate Cancer: Using Tumor Genetics and Patient Characteristics to Predict Outcomes and Improve Treatment Selection. The fourth was from the U.S. Department of Defense: Genetic Determinants of Prostate Cancer Treatment Response. Additionally, Dr. Garraway and her team had a manuscript, "Prostate cancer incidence and outcomes among Vietnam veterans receiving care in the Veterans Health Administration," published in *Cancer*.

Gabriela Gonzalez, MD, MPH, UCLA Urology reconstructive surgery fellow, was appointed to the American Urological Association's Health Advancement & Impact Committee. The committee composition, which represents the diversity of AUA membership and a mix of geographical perspectives, strives to include one member from each AUA section with knowledge, experience, or passion in increasing the urology workforce through coaching and mentorship, along with advancing access to quality health care and improving health care outcomes.

Alexandra Goodwin, MD, UCLA Urology fellow, and **Michelle Torosis, MD,** assistant clinical professor in urogynecology, had their abstract, "Intraoperative Assessment During Reoperation for Lefort Colpocleisis Failure," accepted for a video poster presentation at the American Urogynecologic Society Pelvic Floor Disorders Week, October 14-17, 2025.

Rashed Kosber, MD, Jolie Shen, MD, and **Benjamin Tooke, MD,** UCLA Urology residents, each received a $25,000 HH Lee Foundation Research Scholars award in support of their resident research year.

Austin Lee, MD, UCLA Urology resident, received the Anne Stiggelbout Award for outstanding presentation in patient and stakeholder preferences and engagement from the Society for Medical Decision Making for "Identification of Patient Preference 'Phenotypes' in Nephrolithiasis."

Leonard S. Marks, MD, UCLA Urology professor, and coauthors **Shannon C. Martin, Samantha Gonzalez, Lorna Kwan, Merdie Delfin, Anissa V Nguyen, Wayne Brisbane, Ely Felker, Anthony Sisk, Alan Priester,** and **Shyam Natarajan,** had their manuscript, "Evolution of active surveillance of prostate cancer: Impact of magnetic resonance imaging, magnetic resonance imaging–guided biopsy, and focal therapy," published in the *Journal of Urology*.

Meena Rao, a UCLA undergraduate who is mentored by **Dr. Kymora Scotland,** UCLA Urology assistant professor, had her abstract, "Assessing the Value of Non-Surgical Urology Training for Family and Internal Medicine Residents," accepted for presentation at the Western Section of the American Urological Association annual meeting.

Kymora Scotland, MD, PhD, UCLA Urology assistant professor, had a number of recent accomplishments by her mentees in the Scotland Lab. **Christopher**

Hernandez, DGSOM student, presented "Influence of Educational Materials on Patient Satisfaction" at the National Medical Association Annual Convention, a presentation that earned first place in the R. Frank Jones Urological Society Medical Student Presentation Awards. **Raevan Grant,** DGSOM student, received third place in the same awards category. UC Riverside School of Medicine student **Javier Prieto,** first author, published "An assessment of the quality and readability level of online content on urinary tract infection treatment in Spanish and English in the *Journal of Translational Andrology and Urology,* with contributions from **Dianelis Gonzalez Pupo** (Herbert Wertheim College of Medicine, Florida International University), **Raevan Grant** (UCLA DGSOM), **Ellie Mehrara** (UCLA Urology), and Dr. Scotland. **Rena Yang,** a UCLA bioengineering PhD student co-sponsored by Dr. Scotland, was awarded the UCLA Microbial Pathogenesis Training Grant for her project "Antimicrobial Peptide-DNA Complexes as Immune Modulators in Recurrent Urinary Tract Infections." **Anael S. Rizzo,** DGSOM student, received the 2025–2026 American Urological Association Medical Student Fellowship for her project "3D Digital Modeling in Robotic Prostatectomy: Analysis of Surgeon Accuracy in Tumor Localization and Survey Responses from a Randomized Clinical Trial." The project is sponsored by the Herbert Brendler, MD, Research Fund and mentored by **Dr. Joseph D. Shirk,** UCLA Urology assistant professor.

Grace Sollender, MD, UCLA Urology resident, was first author of "A qualitative study of patient and family experiences in adolescents with varicoceles: A focus on fertility, self-esteem, and sexual function," published in the *Journal of Pediatric Urology* with co-authors including **Dr. Thiago Furtado** and **Dr. Sriram Eleswarapu** of The Men's Clinic at UCLA.

Renea M. Sturm, MD, UCLA Urology assistant professor, and co-authors had their manuscript, "Biomimetic, suturable, and extensible electrospun scaffolds for lower urinary tract surgical reconstruction," published in *Advanced Healthcare Materials*. In addition, Dr. Sturm and her coauthors had "Biodegradable, flexible adhesive patch for urinary bladder suture line reinforcement" published in *Applied Materials Today*. The manuscripts represented 3-5 years of work by a multidisciplinary science team.

Kevin Walsh, MD, UCLA Urology resident, was the inaugural recipient of the Jacob Rajfer Award for Collaborative Research at UCLA, funded by the Menon Family Foundation. Dr. Walsh will study the use of micro-ultrasound (29 MHz) technology as a novel way to improve the precision of prostate cancer diagnosis. His primary mentor is **Dr. Wayne Brisbane,** UCLA Urology assistant professor.

HEALTHY AT EVERY AGE

Improved Treatments for Low Testosterone

Approximately one in five men over the age of 60 have testosterone deficiency, with the prevalence increasing with age. Among other things, low testosterone levels in men are associated with reduced libido, low energy, fatigue, and mood disturbances; long-term exposure to abnormal levels can result in decreased muscle mass, anemia, and a higher risk of cardiovascular disease and type 2 diabetes.

Historically, low testosterone has been most commonly treated with a gel applied daily or a self-injection administered once a week. But several new approaches offer significant advantages by altering the delivery mechanism for testosterone replacement. These include recently approved oral medications such as Jatenzo, Tlando, and Kyzatrex. In the past, oral testosterones were metabolized in the liver, with potential negative impacts. The new agents bypass the liver and are absorbed in the lymphatic system. Taken twice a day with food, they tend to be well tolerated.

An autoinjector pen, Xyosted, is also popular and effective. Patients inject themselves weekly with a single-use testosterone product using a small needle, similar to an EpiPen. The autoinjector is virtually pain-free, convenient, and well tolerated.

Finally, Testopel is the only FDA-approved, long-acting testosterone therapy — lasting up to four months through a simple office-based procedure that takes only about 10 minutes. The physician injects pellets that dissolve over a controlled period of time, providing steady blood levels of testosterone and symptomatic relief over the sustained period.

The Men's Clinic (TMC) at UCLA, based in UCLA Urology, includes experts who evaluate patients for low testosterone and offer state-of-the-art treatment modalities when indicated. TMC recently moved into a significantly expanded space on 2901 Wilshire Boulevard, Level 400. The new facility includes 20 exam rooms, four procedure rooms, and six healthcare providers dedicated to optimizing men's reproductive and sexual health.

For more information, visit www.uclaurology.com. To make an appointment, call (310) 794-7700.

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U.S. News & World Report's annual Best Hospitals survey ranks UCLA Health on the 2025-2026 Best Hospitals Honor Roll, which represents the top hospitals nationally for excellence in multiple areas of care. In California, UCLA Health ranked as #1 in the state and Los Angeles. UCLA Urology was ranked as the nation's #7 urology department.

The Men's Clinic at UCLA

DID YOU KNOW?

The Men's Clinic at UCLA faculty contributed to the updated male fertility guidelines. New data indicate that even when men have normal semen analysis, they should be evaluated by a reproductive urologist if they and their partner are experiencing recurrent pregnancy loss or failure to have a pregnancy after in vitro fertilization.

The Men's Clinic at UCLA is a comprehensive, multidisciplinary health and wellness center located in Santa Monica, with a satellite clinic in Burbank. For more information or to make an appointment, call (310) 794-7700.

Give Now. Here's How.

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to https://giving.ucla.edu/givetourology/ or by scanning this QR Code:

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